

<i>SERFF Tracking Number:</i>	<i>MANU-125544360</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>John Hancock Life Insurance Company (U.S.A.)</i>		<i>State Tracking Number:</i> 38612
<i>Company Tracking Number:</i>	<i>NB5008US (05/2008) - AR</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Coverage Details - Variable Life</i>		
<i>Project Name/Number:</i>	/		

Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)

Product Name: Coverage Details - Variable Life SERFF Tr Num: MANU-125544360 State: ArkansasLH

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 38612

Sub-TOI: L08.000 Life - Other

Co Tr Num: NB5008US (05/2008) - State Status: Approved-Closed
AR

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Nina Kassim, Jackie

Disposition Date: 04/14/2008

Murray, Karren Phair, Debbie Tom,
Jacqueline Back

Date Submitted: 04/03/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Exempt in
Michigan

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/14/2008

State Status Changed: 04/14/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

NB5008US(05/2008), Coverage Details – Variable Life, is used to obtain policy coverage details, including selection of available product/plan, benefits, options and investment allocations. The form will be available electronically to print locally without change in the pre-formatted content.

Please see cover letter for more details.

SERFF Tracking Number: MANU-125544360 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 38612

Company Tracking Number: NB5008US (05/2008) - AR

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Coverage Details - Variable Life

Project Name/Number: /

Company and Contact

Filing Contact Information

Nina Kassim, Contacts Analyst nina_kassim@jhancock.com
P. O. Box 600 (416) 926-3575 [Phone]
Buffalo, NY 14201-0600 (416) 926-3121[FAX]

Filing Company Information

John Hancock Life Insurance Company CoCode: 65838 State of Domicile: Michigan
(U.S.A.)
P. O. Box 600 Group Code: 904 Company Type: insurance/financial
Contracts and Compliance
Buffalo, NY 14201-0600 Group Name: State ID Number:
(416) 926-3000 ext. [Phone] FEIN Number: 01-0233346

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: \$20.00 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$20.00	04/03/2008	19260474

SERFF Tracking Number: MANU-125544360 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/14/2008	04/14/2008

SERFF Tracking Number: *MANU-125544360* *State:* *Arkansas*
Filing Company: *John Hancock Life Insurance Company (U.S.A.)* *State Tracking Number:* *38612*
Company Tracking Number: *NB5008US (05/2008) - AR*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Coverage Details - Variable Life*
Project Name/Number: */*

Disposition

Disposition Date: 04/14/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MANU-125544360 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 38612

Company Tracking Number: NB5008US (05/2008) - AR

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Coverage Details - Variable Life

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		No
Supporting Document	cover letter		Yes
Supporting Document	Statement of Variability		Yes
Form	Coverage Details - Variable Life		Yes

SERFF Tracking Number: MANU-125544360 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 38612

Company Tracking Number: NB5008US (05/2008) - AR

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Coverage Details - Variable Life

Project Name/Number: /

Form Schedule

Lead Form Number: NB5008US(05/2008)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NB5008US (05/2008)	Application/ Enrollment Form	Coverage Details - Variable Life	Initial		0	NB5008US(05-2008).pdf



Service Office:
Life New Business
197 Clarendon Street
Boston MA 02116-5010

Coverage Details – Variable Life
John Hancock Life Insurance Company (U.S.A.)
(hereinafter referred to as The Company)

This form is part of the Application for Life Insurance for the Proposed Life Insured(s).
Print and use black ink. Any changes must be initialed by the Proposed Life Insured(s) and/or Owner(s).

PROPOSED LIFE INSURED(S)

LIFE ONE

1. Name **JOHN** **M.** **DOE**
First Middle Last

LIFE TWO

2. Name _____
First Middle Last

OWNER(S) – Complete information only if Owner(s) is other than Proposed Life Insured.

3. Name of Owner(s): _____

PREMIUMS

4. Frequency: ☒ Annual ☐ Semi-Annual ☐ Quarterly ☐ List Billed
☐ Pre-Authorized Payment Plan (Please complete either Pre-Authorized Payment Plan Section of the **Application for Life Insurance, NB5000** or **Request for Pre-Authorized Payment Plan, NB5087**)
☐ Other _____

PREMIUM NOTICES AND CORRESPONDENCE

5. Send Premium Notices to: (Select One)
☒ Owner ☐ Proposed Life Insured One ☐ Proposed Life Insured Two
☐ Other _____
Name _____

Street No. & Name, Apt. No., City, State, Zip Code _____

6. Send Correspondence to: (Select One)

☒ Same as Above
☐ Other _____
Name _____

Street No. & Name, Apt. No., City, State, Zip Code _____

ADDITIONAL INFORMATION

These questions apply to the OWNER(S) of the policy. All questions must be answered.

7. If an additional or optional policy is being applied for in a separate application, state plan and amount: _____ \$ _____

Plan Name _____

8. Do you understand that you may need to pay premiums in addition to the Planned Premium if the current policy charges or actual investment performance are different from the assumptions used in your illustration (assuming the requirements of any applicable guaranteed death benefit feature have not been satisfied)? ☒ Yes ☐ No
9. Have you received a current prospectus (and any supplements) for the applicable policy? ☒ Yes ☐ No

If Yes, date of Prospectus(es) **DEC 01 2007** Date of Supplement(s) _____
month day year month day year
month day year month day year

LIFE INSURANCE QUALIFICATION TEST AND DEATH BENEFIT OPTION

10. Select One: ☒ Guideline Premium ☐ Cash Value Accumulation

Note: Elected test cannot be changed after the policy is issued. You may request an illustration on both tests before making your election.

11. Death Benefit Option: ☒ Option 1 (TFA) ☐ Option 2 (TFA plus Policy Value)

COVERAGE SELECTION

Choose one product from Coverage Selection section.

VARIABLE LIFE – SINGLE LIFE

☒ **Protection VUL – Total Face Amount \$ 100,000**

12. Base Face Amount (if less than Total Face Amount) \$ _____
☐ Level Supplemental Face Amount SFA of \$ _____ for the life of the policy

13. Additional Benefits:

- ☐ Overloan Protection Rider
☐ Extended No Lapse Guarantee (beyond Basic Period)
☐ To Age _____ ☐ Period _____
☐ Disability Payment of Specified Premium:
Monthly Specified Premium Amount \$ _____
☐ Accelerated Death Benefit (For terminal illness)
☐ LifeCare Benefit Rider (Please complete **LifeCare Benefit Rider, NB5018**)
☐ LifeCare Benefit Max (LMAX) Extension Rider
☐ Other _____

COVERAGE SELECTION continued

Choose
one product
from Coverage
Selection
section.

VARIABLE LIFE – SINGLE LIFE continued☐ **Accumulation VUL – Total Face Amount \$** _____

14. Base Face Amount (if less than Total Face Amount) \$ _____

15. ☐ Supplemental Face Amount (SFA) (Check only one, if desired)☐ Level SFA of \$ _____ for the life of the policy☐ Initial SFA of \$ _____ for the life of the policy

Increasing by: _____ % or \$ _____ per year for _____ policy years (level thereafter)

☐ Customized Increasing Schedule (List by policy year. SFA decreases cannot be scheduled at issue.Please complete **Customized Schedule, NB5064.**)

16. Additional Benefits:

☐ Overloan Protection Rider☐ Cash Value Enhancement Rider☐ Disability Payment of Specified Premium:

Monthly Specified Premium Amount \$ _____

☐ Return of Premium Death Benefit Rider (with DB1 only)Increase rate ☐ Yes _____ % ☐ No

Percentage of Premiums to be returned at death (Whole numbers only. Maximum 100%) _____ %

☐ Accelerated Death Benefit (For terminal illness)☐ LifeCare Benefit Rider (Please complete **LifeCare Benefit Rider, NB5018**)☐ LifeCare Benefit Max (LMAX) Extension Rider☐ Other _____☐ **Corporate VUL – Total Face Amount \$** _____

17. Base Face Amount (if less than Total Face Amount) \$ _____

18. ☐ Supplemental Face Amount (SFA) (Check only one, if desired)☐ Level SFA of \$ _____ for the life of the policy☐ Initial SFA of \$ _____ for the life of the policy

Increasing by: _____ % or \$ _____ per year for _____ policy years (level thereafter)

☐ Customized Increasing Schedule (List by policy year. SFA decreases cannot be scheduled at issue.Please complete **Customized Schedule, NB5064.**)

19. Additional Benefits:

☐ Overloan Protection Rider☐ Enhanced Cash Value Rider☐ Other _____**VARIABLE LIFE – SURVIVORSHIP LIFE**☐ **Accumulation SVUL – Total Face Amount \$** _____

20. Base Face Amount (if less than Total Face Amount) \$ _____

21. ☐ Supplemental Face Amount (SFA) (Check only one, if desired)☐ Level SFA of \$ _____ for the life of the policy☐ Initial SFA of \$ _____ for the life of the policy

Increasing by: _____ % or \$ _____ per year for _____ policy years (level thereafter)

☐ Customized Increasing Schedule (List by policy year. SFA decreases cannot be scheduled at issue.Please complete **Customized Schedule, NB5064.**)

22. Additional Benefits:

☐ Overloan Protection Rider☐ Cash Value Enhancement Rider☐ Return of Premium Death Benefit Rider (with DB1 only)Increase rate ☐ Yes _____ % ☐ No

Percentage of Premiums to be returned at death (Whole numbers only. Maximum 100%) _____ %

☐ Four Year Term (EPR)☐ Policy Split Option☐ Other _____☐ **Protection SVUL – Total Face Amount \$** _____

23. Base Face Amount (if less than Total Face Amount) \$ _____

☐ Level Supplemental Face Amount (SFA) of \$ _____ for the life of the policy

24. Additional Benefits:

Extended No Lapse Guarantee (beyond Basic Period)

☐ To Age _____ ☐ Period _____☐ Overloan Protection Rider☐ Cash Value Enhancement Rider☐ Four Year Term (EPR)☐ Policy Split Option☐ Other _____☐ **OTHER**

25. Select One: _____ Face Amount

☐ Single Life _____ \$ _____☐ Survivorship Life _____ Face Amount☐ _____ \$ _____

TELEPHONE AND/OR INTERNET TRANSFER/ALLOCATION CHANGE AUTHORIZATION

Optional

26. I understand and agree that:

- (a) By checking one of the boxes below, I am authorizing The Company to accept telephone and Internet transfers and allocation changes. Telephone and Internet transfers and allocation changes will also be subject to the terms and conditions of the policy, and the administrative requirements of The Company.
- (b) **The Company will honor telephone and Internet instructions from anyone who provides correct identifying information.** The Company, its agents or representatives of employees who act on its behalf will not be subject to any claim, liability, loss, expense or cost if acted on in good faith upon telephone or Internet instructions it reasonably believes to be genuine in reliance on this signed authorization.
- (c) The Company, at its option alone and without prior or subsequent notice to the Owner(s), or any other person or representative of the Owner(s), may record all or part of any telephone conversation containing telephone transfer and/or allocation change instructions.
- (d) All terms of this Authorization are binding upon the agents, heirs and assignees of the Owner(s).
- (e) This Telephone and Internet Transfer/Allocation Change Authorization will be effective until such time as (a) written revocation is received by The Company's Service Office, or (b) The Company discontinues this privilege, whichever occurs first.

Please check (X) only one box.

- ☒ I authorize The Company to accept telephone and Internet instructions from me or any co-owner.
- ☐ I authorize The Company to accept telephone and Internet instructions from me, any co-owner or our Registered Representative.

ASSET ACCOUNT BALANCER (Not available for Corporate VUL)

Optional

27. This service will automatically move amounts among your specified Investment Accounts as frequently as you indicate below in number 28 to maintain your chosen percentages in each account. The Asset Allocation Balancer Service will only move amounts among the Investment Accounts selected; it will not move amounts to or from the Fixed Account. To elect this service, please check box A or B and provide details as required.

We reserve the right to cease to offer this program as of 90 days after written notice is sent to you.

A ☐ Rebalance based on the percentages selected in the Investment Allocation of Net Premiums section of this form without regards to any amounts allocated to the Fixed Accounts

B ☐ Rebalance based on the listed percentages below:

Investment Account	Percentage	Investment Account	Percentage	Investment Account	Percentage
	%		%		%
	%		%		%
	%		%		%

28. Frequency of Rebalancing:

- ☐ Annually ☐ Semi-annually ☐ Quarterly ☐ Monthly

INVESTMENT ALLOCATION OF NET PREMIUMS

Must complete
for all products.

Allocation must
be in whole
numbers. Total
must be 100%.

29. INVESTMENT OPTIONS FOR ALL PRODUCTS

(not available with ENLG Rider on Protection VUL or Protection SVUL)

AGGRESSIVE GROWTH PORTFOLIOS

_____ % Science & Technology
_____ % Pacific Rim
_____ % Health Sciences
_____ % Emerging Growth
_____ % Small Cap Growth
_____ % Emerging Small Company
_____ % Small Cap
25 _____ % Small Cap Index
_____ % Mid Cap Stock
_____ % Natural Resources
_____ % All Cap Growth
_____ % Financial Services
_____ % International Opportunities
_____ % International Small Cap
_____ % International Equity Index B
_____ % Overseas Equity
_____ % American International
_____ % International Value
_____ % International Core

OTHER PORTFOLIO

_____ % _____

CONSERVATIVE PORTFOLIO

_____ % Money Market B
_____ % **FIXED ACCOUNT** ^{1.}

GROWTH PORTFOLIOS

_____ % Mid Cap Index
_____ % Mid Cap Intersection
_____ % Global
_____ % Capital Appreciation
_____ % American Growth
_____ % Optimized All Cap
_____ % All Cap Core
_____ % Total Stock Market Index
_____ % Blue Chip Growth
_____ % U.S. Large Cap
25 _____ % Core Equity
_____ % Large Cap Value
_____ % Classic Value
_____ % Utilities
_____ % Global Real Estate
_____ % Real Estate Securities
_____ % Small Cap Opportunities
_____ % Small Cap Value
_____ % Small Company Value
_____ % Mid Value
_____ % Mid Cap Value
_____ % Value
_____ % All Cap Value

LIFESTYLE PORTFOLIOS

_____ % Lifestyle Aggressive
_____ % Lifestyle Growth
_____ % Lifestyle Balanced
_____ % Lifestyle Moderate
_____ % Lifestyle Conservative

GROWTH & INCOME PORTFOLIOS

_____ % 500 Index B
_____ % Fundamental Value
_____ % U.S. Core
_____ % Large Cap
_____ % Optimized Value
_____ % American Growth – Income
_____ % Equity – Income
_____ % American Blue Chip Income & Growth
_____ % American Asset Allocation
_____ % Franklin Templeton Founding Allocation
_____ % Index Allocation
25 _____ % Income & Value
_____ % Managed
_____ % Global Allocation
_____ % Core Allocation Plus
_____ % Disciplined Diversification
_____ % Capital Appreciation Value
_____ % PIMCO VIT All Asset

INCOME PORTFOLIOS

_____ % High Yield
_____ % U.S. High Yield Bond
_____ % Strategic Bond
_____ % Strategic Income
_____ % Global Bond
25 _____ % Investment Quality Bond
_____ % Total Return
_____ % American Bond
_____ % Real Return Bond
_____ % Total Bond Market B
_____ % Core Bond
_____ % Active Bond
_____ % U.S. Government Securities
_____ % Short Term Bond

1. Transfers out of the fixed account may be subject to limitations. Please refer to the policy prospectus for further details.

30. INVESTMENT OPTIONS AVAILABLE WITH THE ENLG RIDER ON PROTECTION VUL AND PROTECTION SVUL

CONSERVATIVE PORTFOLIO

_____ % Money Market B
_____ % **FIXED ACCOUNT** ^{1.}

LIFESTYLE PORTFOLIOS

_____ % Lifestyle Aggressive
_____ % Lifestyle Growth
_____ % Lifestyle Balanced
_____ % Lifestyle Moderate
_____ % Lifestyle Conservative

GROWTH & INCOME PORTFOLIOS

_____ % American Asset Allocation
_____ % Franklin Templeton Founding Allocation
_____ % Index Allocation
_____ % Core Allocation Plus
_____ % Disciplined Diversification
_____ % Capital Appreciation Value

1. Transfers out of the fixed account may be subject to limitations. Please refer to the policy prospectus for further details.

ALLOCATION OF MONTHLY CHARGES

31. Charges deducted from the policy value will be deducted from accounts in proportion to the amount of policy value you have in each, unless otherwise specified by you in the instructions below.

Investment Account Name: _____ % ☐ Check box and attach
_____ % sheet with additional
information, if necessary.

OWNER(S) ACKNOWLEDGEMENT

32. I understand that under the applied for policy:
- a) the amount of the insurance benefits, the duration of the insurance coverage, or both, may be variable or fixed;
 - b) the amount of the insurance benefits, the duration of the insurance coverage, and the policy/account value, may increase or decrease, even to the extent of being reduced to zero, depending on the experience of the chosen investment options and are not guaranteed as to dollar amount. Illustrations of benefits, including death benefits, policy/account and cash surrender values are available on request; and
 - c) if the net cash surrender value is insufficient to pay the charges when due and there is not a no-lapse guarantee in effect, your policy can terminate or lapse due to insufficient premiums or poor investment option performance.

OWNER(S) SIGNATURE(S)

Signed at	City	State	This	Day of	Year
Signature of Witness or Registered Representative (as Witness)			Signature of Owner		
X			X		
			Please print name of owner		
			Signature of Owner		
			X		
			Please print name of owner		

REGISTERED REPRESENTATIVE SIGNATURE

I certify that a current prospectus (and any supplement) for the policy applied for has been given to the Proposed Life Insured(s), or to the Owner(s) if other than the Proposed Life Insured(s).

Signature of Registered Representative

X

<i>SERFF Tracking Number:</i>	<i>MANU-125544360</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>John Hancock Life Insurance Company (U.S.A.)</i>	<i>State Tracking Number:</i>	<i>38612</i>
<i>Company Tracking Number:</i>	<i>NB5008US (05/2008) - AR</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Coverage Details - Variable Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MANU-125544360 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 38612
Company Tracking Number: NB5008US (05/2008) - AR
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Coverage Details - Variable Life
Project Name/Number: /

Supporting Document Schedules

Review Status:

Bypassed -Name: Certification/Notice 03/13/2008
Bypass Reason: Not applicable to this submission.
Comments:

Review Status:

Bypassed -Name: Application 03/13/2008
Bypass Reason: Not applicable to this submission.
Comments:

Review Status:

Satisfied -Name: cover letter 04/03/2008
Comments:
Attachment:
letter ar.pdf

Review Status:

Satisfied -Name: Statement of Variability 04/03/2008
Comments:
Attachment:
SOV - NB5008XX(05-2008).pdf

John Hancock Life Insurance Company (U.S.A.)

Contracts and Compliance
P.O. Box 600
Buffalo, NY 14201-0600
Tel.: 416-926-3575
Fax: 416-926-3121
Email: nina_kassim@jhancock.com



N.A.I.C. # 65838
SERFF Tracking # MANU-125544360

Nina Kassim
Contract Analyst

April 3, 2008

Hon. Commissioner of Insurance
Compliance - Life and Health
1200 West Third Street
Little Rock, Arkansas 72201-1904

Attention: Linda Bird

Dear Ms. Bird:

INDIVIDUAL LIFE
John Hancock Life Insurance Company (U.S.A.)
Re: Application Form NB5008US(05/2008), Coverage Details – Variable Life

We are submitting the above new supplemental application form for your approval. This new form does not replace any currently approved forms. The form will be used with state approved variable life policies (single and survivorship). No part of this filing contains any unusual or controversial items that deviate from normal company or industry standards.

NB5008US(05/2008), Coverage Details – Variable Life, is used to obtain policy coverage details, including selection of available product/plan, benefits, options and investment allocations. The form will be available electronically to print locally without change in the pre-formatted content.

The Service Office address, Coverage Selection and Investment Options are being filed as variable information [shown in brackets] to accommodate future changes. Any new riders will be filed for state approval as required.

Readability certification is not provided since this form is for variable life products, subject to SEC regulation, and therefore is exempt from state readability certification requirements.

We trust the form is acceptable to you and look forward to your state's approval in the usual manner. If you have any questions or concerns, please contact me collect at 416-926-3575 or via email at nina_kassim@jhancock.com.

Sincerely,

A handwritten signature in cursive script, appearing to read "Nina Kassim".

Nina Kassim
Contract Analyst

Enclosures: Statement of Variability
Filing Fee (EFT)

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

STATEMENT OF VARIABILITY

APRIL 1, 2008

COVERAGE DETAILS – VARIABLE LIFE

FORM NB5008US(05/2008)

Section/Section #	Page Number	Description
Service Office at top of page	Page 1	<ul style="list-style-type: none">• The address of the Company's Service Office is [bracketed] as it may be changed in the future. A current Service Office address will always appear on the form.
Coverage Selection/ #12 to 25	Page 1 & 2	<ul style="list-style-type: none">• The Coverage Selection section is [bracketed] to accommodate future changes. Plan/Product name, Total Face Amount, Base Face Amount, Supplemental Face Amount, Additional Benefits and Other, all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.
Investment Allocation of Net Premiums/ #29 to 30	Page 4	<ul style="list-style-type: none">• The Investment Allocation of Net Premiums section is [bracketed] as changes, including additions and deletions, will be made from time to time to the names of the risk categories (portfolios) and investment funds to coincide with current information included in our Plan of Operations. Current portfolios and investment funds will always appear on the form.